

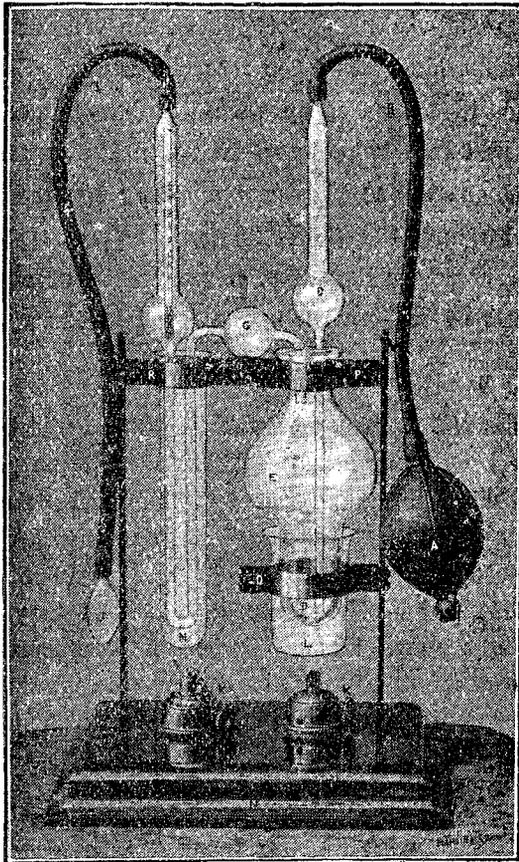
and lower parts consist of flannel (sterilised when necessary) cut to shape; these can be put on or removed in a few seconds; the frame, being all of metal, can obviously be completely sterilised—matters of considerable importance in the case of operations on the head, neck, thorax, &c. 5. A chloroform administration can, if desirable, be commenced by using with this mask a drop bottle, such as Thomas's, &c., until the patient is well into the second stage, when the remainder of the anæsthesisation can be continued with a Junker (attached to the mask in the first instance). The anæsthetist who knows the difficulty of getting a nervous or alcoholic patient comfortably under within a short period possesses in this apparatus the means of accomplishing that end with safety and satisfaction. The patient also hears nothing of the bellows and the bubbling of the Junker. This latter consideration is by no means unimportant when one bears in mind how desirable it is to avoid adding to the natural fears of a child or neurotic patient.

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#### THE PNEUMATIC MEDICATOR AND INJECTOR.

MEDICATED AIR has been in use in America for some years for the treatment of catarrh of the head, ears, nose, throat, and lungs with marked success, and especially for the cure of catarrhal deafness. It has lately been introduced into Great Britain and has been equally successful. But it appeared to me that better results would be obtained in many cases—such as bronchitis and phthisis—if the temperature of the medicated air could be raised or lowered, made dry or moist, as the conditions of the case required,

*Instrument for Producing Hot or Cold, Dry or Moist, Medicated Air.*



A, Rubber blowing bulb. B, Rubber tube connecting blowing bulb with straight glass tube. C, Straight glass tube. D, Reservoir for holding medicine. E, Air chamber for medicated air. F, Rubber cork for holding glass tubes. G, Long bent glass tube containing thermometer. H, Thermometer in long bent glass tube. I, Rubber tube connecting long bent glass tube with mouth- or nose-piece. J, Glass nose- or mouth-piece. K, Spirit lamp for heating water baths. L, Water bath for heating medicine in reservoir or for cooling medicine by filling with ice. M, Water bath for heating medicated air in long bent glass tube which passes through it. N, Stand containing spirit lamp. O, Holder for supporting water bath. P, Holder for supporting air chamber and reservoir. R, Holder for supporting long water bath.

as up to the present the medicated air has only been used in a dry state at the temperature of the room in which the patient used the instrument. To meet these requirements

where better results would be obtained by raising or lowering the temperature and making the heated medicated air dry or moist, I have constructed an instrument with which the patient can either use the medicated air at the temperature of the room in which the instrument is used or the temperature can be raised or lowered, and the heated medicated air can also be made dry or moist as may be required by the nature of the case.

D. JOHNSTON, L.R.C.P. Edin., &c.

#### NINETEENTH REPORT OF THE GENERAL PRISONS BOARD, IRELAND.

IN his work on "Penological and Preventive Principles" the secretary of the Howard Association has referred in complimentary terms to the successful methods employed in the management of the Irish prisons. That the same policy is still being pursued is apparent from a perusal of the present report, which contains evidence that the Irish Prison Commissioners are concerned in maintaining a high standard of efficiency in the administration of the establishments under their charge. It is more than probable that the satisfactory state of affairs revealed in the report is in a measure due to the fact that one of the members of the Irish Board is a representative of the medical profession. In this respect both the English and Scottish Boards labour under a distinct disadvantage, for there can be no doubt that the question of the treatment of the criminal is gradually but surely assuming a more scientific aspect. His physical and psychological peculiarities are being extensively and exhaustively studied, and the relations of insanity and crime are constantly attracting attention. The health of prisoners, mental as well as bodily, their dietary, and their sanitary surroundings are matters of weighty importance, deserving special recognition and requiring skilled supervision. The report now under consideration is the record of a year's quiet and uneventful work. The course recently adopted in England of amalgamating the statistics of the local and convict prisons has been followed here. There has been a slight increase in the number of criminal prisoners committed to local prisons. The behaviour has been good, and it is gratifying to note a gradual diminution in the number of prison punishments during the past few years. The death-rate was remarkably low—viz., 2.56 per 1000. One suicide is reported. Three cases of typhoid fever occurred, but it is mentioned that the disease was incubating when the prisoners were admitted. Sixty-two prisoners were released on medical grounds; they included the cases of twenty-three women far advanced in pregnancy. There were 103 cases of insanity, being 28 in excess of the number in the previous year. Eighty were found to be insane on reception, and the remainder whilst undergoing sentence. Particulars of the individual cases are given in Table XIV. As it stands, this table is not of much practical value. With further detailed analysis and subdivision it would undoubtedly prove useful, both from a psychical and medico-legal point of view. The average daily population of the local prisons was 2335; that of the convict prisons was only 429. The conduct of the long-sentence prisoners seems to have been exemplary, and in no instance was corporal punishment resorted to. One convict died, ten were released on medical grounds, and six became insane and were transferred to the Central Criminal Asylum at Dundrum. The number of juveniles convicted and sent to prison is annually becoming less. Special rules have been adopted for their treatment; the operation of these rules ought to prove beneficial. The whole report affords evidence that the duties of the Board are being discharged in a creditable manner.

#### CLINICAL DEMONSTRATIONS TO PRACTITIONERS.—

At the request of the Glasgow Town Council the visiting physician to the city fever hospital at Belvidere has agreed to give a series of clinical demonstrations on the cases of small-pox under treatment in the hospital. The demonstrations are free to all practitioners who conform to the conditions as to re-vaccination and such other precautions as are very properly demanded. There can be no doubt that this arrangement will be welcomed by the profession, and all the more so that—fortunately from a public point of view—opportunities for seeing small-pox are now so rare in the city.

# THE LANCET.

LONDON: SATURDAY, SEPTEMBER 25, 1897.

THERE is one sentiment in regard to the vacancy in the Direct Representation (for notwithstanding Dr. RENTOUL'S withdrawal of his resignation the vacancy remains) which seems to prevail in all quarters—namely, that the position of Direct Representation is a critical one, and that unless the profession can contrive to show more interest in it and to return with some approach to unanimity a man of power and one who can coöperate amicably with the General Medical Council, even as at present constituted, the prospects of any early extension of the principle in legislation may be abandoned. Wherever two men meet and discuss this subject it is with a feeling that Direct Representation is not working satisfactorily or in a way to induce practical statesmen to multiply the number of elected members of the General Medical Council. We do not look upon this as a permanent feeling. It will pass away with a larger experience in the profession of its own members and a greater familiarity with the questions of medical education and medical conduct with which the General Medical Council has to deal. It is unreasonable to expect that registered general practitioners, busily occupied in their own particular duties, should all at once realise the functions of the General Medical Council, or estimate the kind of representative whom they should send to the Council. The painful want of readiness in the profession to meet and deal with an emergency such as has arisen from the unexpected resignation of one of its Direct Representatives is emphasised by one circumstance. The vacancy occurs when everybody is supposed to be taking holiday. But this only brings into clearer light what was manifest enough before—that there is a want of organisation in the profession. Efficient organisations and associations do not take holidays. They should be always in evidence.

For the purpose of the imminent election to the General Medical Council we are 22,000 separate units, and the enthusiasm of the profession for Direct Representation has never yet been demonstrated, as far as we know, by a meeting of a hundred persons. We see no immediate sign of any efficient organisation for this purpose. And yet the occasion is an urgent one. The Medical Acts are in need of amendment; the public is duped with quackery; the profession is overcrowded beyond all public necessity or advantage; its members, after the most exacting and exhausting processes of education and examination, are unprivileged and unprotected from the grossest

forms of competition; and loose systems of registration permit the public to remain ignorant of the fact that numbers die without receiving any proper medical attention. A wise and efficient Direct Representative can certainly advance the remedy of these evils. It only remains for the members of the profession individually to recognise their own responsibility. We repeat that in our opinion the doubt and apathy about Direct Representation are transient and will pass with time and a larger experience of the duties which such a system imposes. The very men who have most abstained from using their votes should now determine to use them and urge all their friends to do likewise. They are numerous enough to decide the election and to return such a member as will be a credit to the principle of Direct Representation. The list of candidates is not, perhaps, yet complete, but it must soon be so, and it will not be without the names of one or two candidates who would justify the concentration of the votes of the profession. What we plead for now is this concentration—that there be no repetition of the indications of indecision and division and abstention which were so apparent at the last election. The present vacancy is a huge inconvenience and expense to the Council. But it will not be an unmixed evil if it results in the restoration of the comparative unity of the profession and in the return of a Direct Representative who is in sympathy with the practitioners of the country and who is prepared to use the present Medical Acts, in so far as they are efficient, for the good of the public and the profession, while he is determined, wherever they are defective, to promote their amendment in a spirit of moderation and medical statesmanship.

THE annual Congress of the Sanitary Institute, which has just been held at Leeds, has done some good and useful work. During the course of the debates the remark was made that in regard to sanitary reform it was more necessary to educate than to legislate. It is an old and true axiom that peoples have the governments they deserve. Even under the most absolute despotism it is the people who make the government and not the government the people. So in respect to the laws for the protection of public health, such laws only are effective which the public thoroughly appreciate and approve. Therefore the first step is to educate the people, and in this respect we are not only pleased to note the holding of such congresses as those organised by the Sanitary Institute, but also that the proceedings at these meetings are very fully and ably reported by the local press. Further, great good is done during the Congress week by the holding of public meetings where men of science attending the Congress deliver, in simple and popular language, addresses on public health questions. While, however, we thus fully acknowledge the paramount importance of educating the people in matters appertaining to the preservation of health, it would be a great mistake to conclude that the ignorance or